Addiction Research Foundation

Annual Report 1987–1988

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(as of March 31, 1988)

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(as of March 31, 1988)

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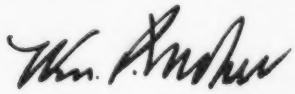
**To the Honourable
Elinor Caplan,
Minister of Health,
Province of Ontario**

The Alcoholism and Drug Addiction Research Foundation, of which I have the honour to be chairman, is pleased to submit through you to the Members of the Provincial Legislature this report on the Foundation's activities in the year ending March 31, 1988.

Respectfully yours,



Wm. P. Moher
Chairman
Alcoholism and
Drug Addiction
Research Foundation

Toronto, Ontario
September 30, 1988

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Vision, strategies, plans and operating programs are being rethought, tested and reshaped, consistent with societal needs and the Ontario government's priorities for a healthier lifestyle.

The driving purpose of the Addiction Research Foundation is to help reduce the pain, suffering and lost human potential caused by the excessive and inappropriate use of alcohol and other drugs. As a stakeholder in the Foundation, you will be interested in this account of the work of the ARF towards that end in 1987-88.

Expenditures for the year were $34.6 million. In return for that investment, the people of Ontario received results of the highest quality in research, treatment, prevention and health promotion. The level and quality of this output demonstrate that ARF's greatest strength lies in our employees — in their particular skills, knowledge, productive capability and commitment.

In the interest of further efficiency and effectiveness, the organization has undertaken a process of significant structural change. Vision, strategies, plans and operating programs are being rethought, tested and reshaped, consistent with societal needs and the Ontario government's priorities for a healthier lifestyle.

Through consultation with stakeholders and continued organizational improvement, ARF is pursuing ambitious productivity and value-for-money goals to ensure that the Foundation is providing the optimal return on the public's investment.

ARF will continue to be goal-driven and results-oriented. A memorandum of understanding currently being developed in collaboration with the Ministry of Health will further enhance ARF's accountability. It will provide a practical framework for measuring the Foundation's work against goals and performance criteria consistent with mandated responsibilities. I look forward to the opportunity to report in the coming years on the results of these efforts and on the benefits they bring to the people of Ontario.

Wm. P. Moher
Chairman

On March 31, 1988, the Addiction Research Foundation completed one of the most productive years in its 39-year history. I am pleased to report that significant results have been achieved in all four of the Foundation's major fields of endeavour: research, treatment, prevention and health promotion.

For the past ten years, ARF has been conducting biennial surveys of student and adult use of alcohol and other drugs. The 1987 results were reason for cautious encouragement on most counts. Trends of declining or stabilizing use of many substances among adults and students are continuing. These positive indicators notwithstanding, there is still cause for concern and for sustained action. Alcohol, cannabis and tobacco use continue at unacceptable levels. In addition, there are regional problems and particular target groups that require special attention. The Foundation has initiated research programs designed to gain a better understanding of a number of these special needs and problems.

The Foundation's single greatest contribution in the area of treatment was the publication of the results of a long-term clinical study of the use of PTU (prophylthiouracil) in treating alcoholic liver disease. PTU has long been used in the treatment of certain thyroid problems. In 1972, ARF scientists began basic research to test the effectiveness of PTU in treating alcoholic liver disease in rats. In 1978, a clinical study began. In December 1987, the results were released: PTU has been shown to reduce deaths from this major disease by up to 50 per cent per year. The significance of this discovery can best be appreciated by considering that 50,000 or more lives can be saved annually once PTU treatment is adopted throughout the world. Foundation scientists are continuing to refine the treatment protocol and are working to make health professionals more aware of its potential.

ARF continues to explore ways to increase the availability of cost-effective treatment and rehabilitation services across the province. At the same time, we recognize that, in the long run, the most cost-effective approach to the problem of substance abuse is prevention. In the context of prevention we place the highest priority on positively influencing Ontario's young people so that they will make healthy lifestyle choices.

With education as one of our mandated responsibilities, ARF has a long history of effective collaboration with Ontario's school systems on programs. In 1987-88, we improved and began expanding our work in this area. The first major step was the release of ARF's best advice to school boards on how to develop and implement comprehensive, legally sound policies for dealing with alcohol and other drugs. At the same time, the Foundation committed itself to a province-wide initiative designed to provide boards and educators with access to the knowledge, training, resource materials and planning expertise to improve their efforts to prevent and control student substance abuse.

The Ontario Schools Program will be a major focus of our activities in prevention programming through the end of this century. Even as we dedicate ourselves to it, however, we appreciate that the schools cannot -- and must not — be expected to carry sole responsibility for prevention and health promotion.

In collaboration with Health and Welfare Canada, ARF launched two long-term public awareness programs targeted to young people: one focused on drugs, the other on drinking and driving. Driven by major mass-media campaigns, these will help change the social climate and provide young people and their parents with more direct access to what they need to know.

The continuing progress of the Foundation will depend largely on our ability to further focus our resources on our long-term goals.

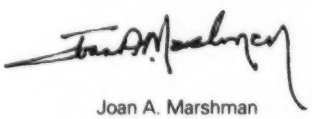
Enhancements in ARF's telephone information service for the public, including expanded promotion of the program, will help ensure that people throughout the province have free access to helpful information when they need it.

Finally, 1987-88 saw ARF increasingly involved behind the scenes as provincial and federal governments became more active in addressing substance abuse issues. In our role as advisors to the Ontario Ministry of Health and other provincial ministries, we provide information and advice on a variety of matters, including treatment services needs, health promotion and alcohol policy. As Ontario's designated collaborator with the federal government on its National Drug Strategy, we are playing an active role in helping shape both the program as a whole and its strategies in the areas of treatment, training, funding support for community groups, public education and health promotion.

The many accomplishments of the past year serve as a testament to the Foundation's continuing commitment to the improved health and well-being of the people of Ontario. Further, they demonstrate the Foundation's progress in reshaping and redirecting our work to better meet the needs and priorities of Ontarians.

The continuing progress of the Foundation will depend largely on our ability to further focus our resources on our long-term goals. This past year saw ARF begin an ambitious restructuring of our programs and operations. Guided by the management philosophy that form should follow function, we developed new operating units. The Corporate Communications Office became a dynamic and integral part of the Foundation's efforts to provide accurate and timely information to the addictions community, government, media and the public. Through the newly created Office of Inter-Organizational Affairs, the Foundation is able to expand and strengthen working relationships with a wide range of community groups and government agencies, both provincial and national. Our new Prevention and Health Promotion Programs Division will enable us to better develop and manage integrated programs to help individuals prevent and control the abuse of alcohol and other drugs. All these structural changes are already beginning to bear fruit — in the form of new services, new opportunities and new strategies.

As an agency of the province of Ontario, ARF relies on the involvement and support of the Chairman and members of its Board of Directors and advisory bodies. These people help ensure that we remain clearly focused on our goals and that we pursue them in a socially and financially responsible manner. The appointments made in 1987–88 have already proven their worth. Bill Moher, our new Chairman, has brought to the Foundation his considerable expertise in the private, government and volunteer sectors. He has demonstrated a commitment to hands-on leadership in shaping the Foundation's policies and directions. Other new board members have shown a similar willingness to join actively in the process of change at the Foundation. We at the ARF are indebted to them for the exceedingly high quality of their contributions.



Joan A. Marshman
President

Concern, Commitment, Action

The year 1987–88 has seen significantly expanded commitment, cooperation and action by the government of Ontario and the federal government. The Ontario public has also registered its deep concern over the issues of alcohol and other drug abuse.

The Addiction Research Foundation has developed new strategies, new structures and new programs, all aimed at improving its capacity to help relieve the pain, suffering and lost human potential caused by the inappropriate use of alcohol and other drugs.

A New Context for Action

Concern. Commitment. Action. These are the keynotes of the many developments during 1987–88, which saw Ontario place a new priority on addressing the problems surrounding alcohol and other drugs. Ontarians expressed near-universal levels of concern for the issues. Federal and provincial governments demonstrated their commitment by providing increased resources and programs. Action is taking the form of greater efforts to develop and apply new solutions to these pervasive social problems.

A terrible cost

It is no exaggeration to say that, cumulatively, problems related to alcohol and other drugs are the great social levellers. They cut across all social, economic, ethnic, regional and age barriers. And they exact a heavy toll — from communities, families and individuals.

The economic burden of these problems can be reasonably estimated: $4.4 billion in excess health care costs; $1 billion in excess law enforcement costs; over $2 billion in reduced productivity. A total of $7 to 8 billion per year in Ontario alone in 1984, the latest year for which figures are available.

Behind these staggering figures stand thousands of Ontarians living with — and in too many cases dying from — the consequences of alcohol and drug abuse. Fully 60 per cent of the Ontario public reports having direct contact with a family member or friend with an alcohol problem; 24 per cent know someone who has a problem with illegal drugs; 17 per cent know someone with a prescription drug problem. In total, 67 per cent of Ontarians are affected. The problems are pervasive. The consequences, both economic and human, are profound.

The pulse of the province

Not surprisingly, Ontarians are deeply concerned about alcohol and drug issues. According to the ARF's 1987 *Ontario Drug Awareness Survey*, alcohol and drug concerns are of the highest priority. Drinking and driving is of great concern to 87 per cent of Ontarians. Stopping the use of "hard" drugs, such as heroin and cocaine, is of deep concern to 82 per cent. Both these issues rank significantly higher than concerns over air and water pollution, cited by many researchers as the leading social problems of our time.

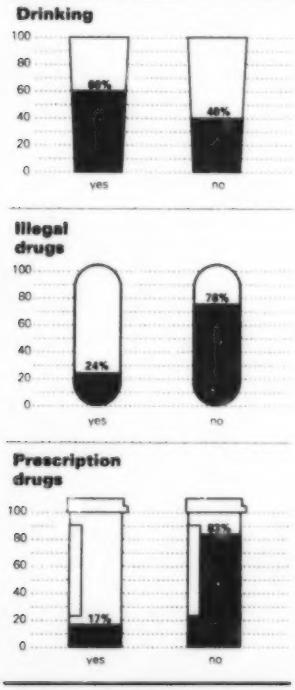
Other drug-related issues also rank high on the public's priority list. Reducing the use of cannabis (marijuana and hashish) is of great concern to 67 per cent, and 50 per cent place a high priority on addressing the problem of prescription drug abuse. Taken together, these figures indicate widespread awareness of drug-related problems and a corresponding desire for solutions.

Fact and fiction

Nevertheless, public perceptions are not necessarily in line with the facts. Indeed, there are some significant misconceptions. While many people believe that the problems of alcohol and other drug use in their communities are either staying the same or getting worse, the facts are not nearly so discouraging. Although problem use of alcohol and prescription drugs is still cause for real concern, there are signs of significant downward trends in the use of other drugs among both students and adults in Ontario. There are also indications that the drugs receiving the greatest media attention and generating the highest levels of public anxiety are not being used as extensively as many suspect.

Since 1977, the ARF has conducted regular surveys of both students in grades 7–13 and adults in Ontario to determine their use of alcohol and other drugs. According to the 1987 surveys, the use of cocaine (including crack) and heroin are not nearly as pervasive as people think. Among the students surveyed 3.8 per cent report using cocaine in the previous year, compared to 4.5 per cent in 1985. During the ten years since the studies began, student cocaine use has remained relatively stable. Heroin is used even less: 1.4 per cent reported using it in the preceding 12 months, compared to 1.5 per cent in 1985.

Personal contact with alcohol and drug problems: 67 per cent of Ontarians are personally affected, often through personal contact with a friend or relative with alcohol or drug problems.



Source: *Ontario Drug Awareness Survey*, 1987

Among adults, there is evidence of increased exposure to cocaine, with 6.1 per cent reporting ever having used it, up from 3.3 per cent in 1984. However, 68.6 per cent of these people reported that they had not used cocaine during the previous year, indicating that experimentation has not necessarily led to continuing use.

There are many possible explanations for the disparity between public perception and the actual use of these drugs. Media attention, especially the overflow from American media, is one likely explanation.

High levels of media attention may also account for differences between public perceptions and actual use of cannabis. Of the almost 50 per cent of people who believe that the problems are getting worse, 63 per cent identify cannabis as the most widely used illegal drug. While cannabis use is indeed widespread, the ARF's studies clearly indicate that its use is in decline, especially among students. In 1987, 15.9 per cent of students reported using cannabis in the preceding year, compared to 21.2 per cent in 1987. Among adults aged 18–29, traditionally the group with highest levels of cannabis use, there is a marked decline from 28.5 per cent to 20 per cent. Interestingly, however, cannabis use has increased in the 30–49 age group, indicating that those who started using cannabis in the late 1960s and early 1970s may be carrying this habit into later life. Despite this anomaly, the facts do not support public perceptions about cannabis.

The leading problem: alcohol

In some areas, public concern does correspond to societal priority. Drinking and driving is a case in point, where high levels of public concern are paralleled by corresponding changes in behaviour. Overall, 68 per cent of Ontarians say they have seen friends and family become more careful about drinking and driving. Further, there is broad public endorsement of police spot checks as an appropriate and effective deterrent.

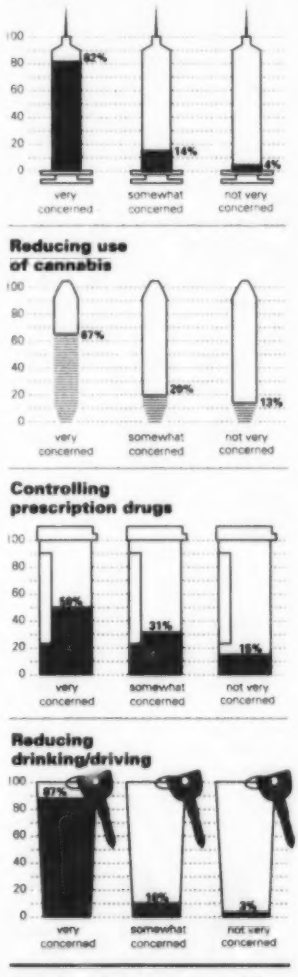
It would be comforting to conclude that we have turned the corner on drinking and driving. Unfortunately, we haven't. The *Ontario Drug Awareness Survey* indicates that the younger the individual, the less likely he or she is to report either noticing a change in drinking/driving behaviour or recognizing spot checks as an effective deterrent. Alcohol is estimated to be involved in about half of all fatal traffic accidents. Traffic statistics show that young drivers aged 16–24 are most frequently involved in alcohol-related accidents. This age group includes only 17 per cent of Ontario's licenced drivers, but accounts for 40 per cent of drivers involved in alcohol-related accidents. Although the many efforts around drinking and driving in recent years may have changed the social climate, we have yet to pierce the heart of the matter.

Drinking and driving is only one aspect of the larger issue of problem drinking in our society. Alcohol is by far the most widely used, and abused, of all drugs. According to the 1987 ARF Adult Survey, 83.1 per cent of Ontarians over 18 have consumed alcohol at least once. More adults are also becoming binge drinkers: 54.5 per cent report consuming more than five drinks at a sitting — up from 49.2 per cent in 1984.

Among students, alcohol use shows no signs of decline: 57.7 per cent of grade 7 students report having used alcohol in the preceding 12 months; by grade 13, when most students reach legal drinking age, fully 88.8 per cent consumed alcohol in the preceding year and 6 per cent report drinking at least weekly. Among students as whole, 21.4 per cent reported consuming five or more drinks at a sitting at least once in the month preceding the survey. Clearly, alcohol use has become a more or less integral part of growing up in Ontario.

One emerging issue that is almost certain to generate increasing public debate is the use and abuse of prescription and over-the-counter drugs. According to the *Drug Awareness Survey*, tranquillizers are the prescription drugs most used and abused: 6.7 per cent of all adults, 9.6 per cent of adult women and 9.5 per cent of people over 60 years old reported using tranquillizers in the 12 months preceding the survey.

Public concern about alcohol and other drugs: Ontarians are deeply concerned about alcohol and drug problems.



Source: *Ontario Drug Awareness Survey*, 1987

Endemic, not epidemic

The use of alcohol and other drugs is extremely widespread, and the risks of abuse are of genuine concern. But the tendency to characterize alcohol and drug problems as epidemic is misleading. It suggests that all drugs are bad and that as a society, Ontario should focus on the elimination of drug use. Neither is the case.

Many drugs play a valuable role in our society. Prescription and over-the-counter drugs, properly used, offer effective treatment and control of many medical problems. Even cannabis and heroin are used in certain treatments, albeit under carefully controlled conditions. The key to proper and safe use is a combination of government controls, professional competence and vigilance and consumer compliance with instructions.

Further, the drugs carrying the greatest health and safety risks are not, in fact, illegal. Tobacco, now recognized as a serious health risk at any level of consumption, is legally available to anyone in Ontario over 18. Alcohol, the most commonly used — and abused — drug need not cause serious problems. Responsible and safe alcohol use is not a pipe dream. It is an attainable goal — one that has been reached by many Ontarians. Government regulation, combined with effective prevention programs and an informed public, can succeed in significantly reducing alcohol-related problems.

The point is this: the issue in Ontario is not drugs *per se*; rather it is the social, economic and personal consequences of using them inappropriately. The abuse of alcohol and other drugs is neither new nor epidemic. It is endemic, woven into the fabric of our society. Ontario is not about to become "drug free." It is possible, however, to become a society essentially free of the burdens caused by inappropriate use of alcohol and other drugs.

Steps in the right direction

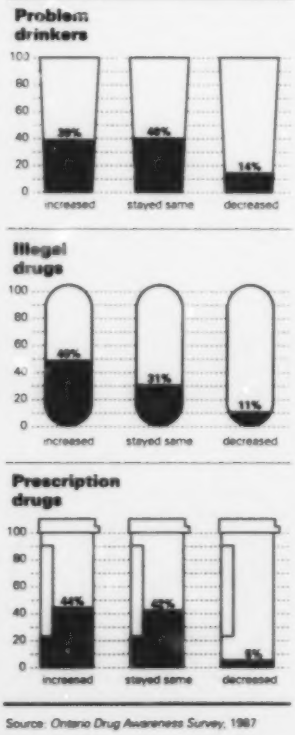
It has long been recognized that success in addressing these problems depends on concerted and coordinated efforts by all sectors of society. In 1987–88, such efforts gained focus and direction as a result of actions by both the provincial and federal governments.

In its Speech from the Throne in April 1987, the Ontario government committed itself to making this province a healthier place to live, to promoting a drug-free lifestyle and to increasing treatment services for Ontario's young people. In September 1987, the Ministry of Health committed $5,000,000 annually to new and expanded drug and alcohol addictions services, including more treatment services for youth. Another $750,000 a year was earmarked for promoting drug-free lifestyles among the young. The Attorney General's Countermeasures Office expanded its campaign on drinking and driving, with a focus on young drivers. In spring of 1988, the Minister of Health announced a $5.4 million expansion package for mental health and alcohol and other drug dependency programs in Northern Ontario.

The Ontario government also became an active collaborator in the National Drug Strategy, launched in June 1987. Under this five-year, $210 million program, the federal government and the provinces will work together in support of improved treatment, better law enforcement, community action, training and public education campaigns.

All these activities are part of government's commitment to long-term strategies for addressing the complex problems caused by alcohol and other drugs. In sum, they represent a new sense of direction and purpose. Clearly, there is a growing collective will in Ontario. And where there's a will, there's a way. As this will translates into concerted and sustained action, there is every reason to believe that solutions will be forthcoming.

Public perception about trends in drug problems



Source: *Ontario Drug Awareness Survey*, 1987

The Addiction Research Foundation in Action

Over the course of its 39-year history, the Foundation has earned a provincial, national and international reputation as a centre of excellence in the addictions field.

The dramatic changes in social climate, public priority and government action during 1987–88 placed a premium on the capacity of the Addiction Research Foundation to meet the many important demands for its knowledge, expertise and programs.

In the past year, the Foundation has played an increasingly active societal role: as a source of information, guidance and support for provincial and federal ministries, professionals and community groups and for the Ontario public. The Foundation's effective, timely and high-quality response to these many demands is a testament to the skill and dedication of its staff.

The ability to respond has been the hallmark of the Foundation since its creation as an agency of the Province of Ontario in 1949. The ARF's original mandate was to focus on research and treatment services in relation to alcohol. In 1961, however, that mandate was expanded to include other addictive drugs.

Over the course of its 39-year history, the Foundation has earned a provincial, national and international reputation as a centre of excellence in the addictions field. It provides information and treatment methodologies to health service professionals across Canada and around the world. It holds the official designation of *World Health Organization Collaborating Centre*. Activity over the 1987–88 year further enhanced the ARF's capacity to provide valuable assistance to the government, institutions and people of Ontario in the months and years ahead.

The structure of ARF action

As an organization, the Foundation is unified by the clarity of its stated mission: to help reduce the pain, suffering and lost human potential caused by excessive and inappropriate use of alcohol and other drugs in Ontario. To ensure that its work is focused on social priorities and that the investment of the provincial government yields maximum return for the people of Ontario, ARF's work is directed to four distinct but interrelated goals:

- to increase understanding of the problems of alcohol and other drugs through research;
- to improve the quality and accessibility of treatment and rehabilitation services through clinical research, consultation and training;
- to increase the accessibility of effective prevention programs for the people of Ontario through collaborative efforts with community systems; and
- to increase public awareness and knowledge of appropriate action to avoid or minimize problems caused by alcohol and other drugs through public education and information.

Ultimately, the effectiveness of the Foundation will depend on its ability to properly and efficiently integrate its work in all four areas. In order to better address that objective in the future, the ARF has undertaken a strategic approach to structural change. When completed, these internal changes will ensure that the Foundation is both more efficient and more effective — the cornerstones of productivity.

The impact of the ARF's internal changes made in 1987–88 can best be appreciated in terms of the improvements they represent to its many services and programs. The consolidation of its media and public relations functions improves the Foundation's communication effectiveness with the public and other stakeholders. The introduction of a central office to liaise with provincial and national organizations enhances the Foundation's collaborative capabilities. The centralization and enhancement of production and marketing services ensure that ARF programs and materials are more accessible to both workers in the addictions field and the general public. The creation of a native services office facilitates better working relationships with Ontario's native peoples. The creation of a new division allows the Foundation to significantly improve and integrate its prevention and health promotion programming.

These changes, coupled with the Foundation's established strength in social, biological and clinical research, professional education and training, and community services dramatically enhance the ARF's capacity to act as an effective agent for positive change in Ontario.

Action: completed, initiated, continuing

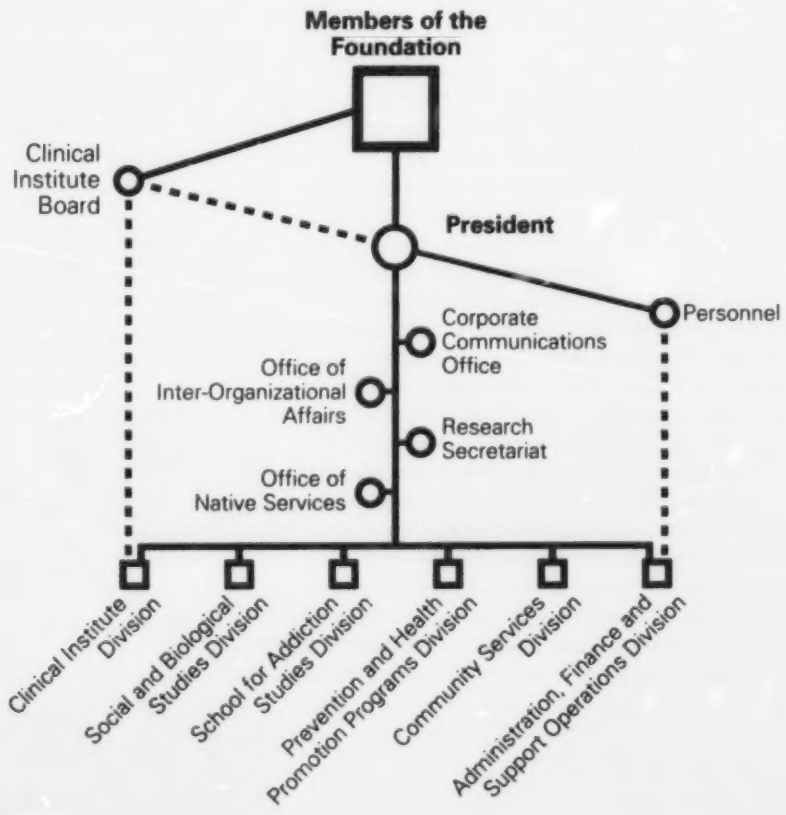
The importance and potential of these internal changes notwithstanding, the ARF's most tangible results in the 1987–88 fiscal year lie in the progress it has made towards its four major goals.

Given the scope of the ARF's work, it is not practical to present a comprehensive review of all the Foundation's activity. For the purposes of this report, therefore, the Foundation has presented selected programs and projects in each of its four goal areas that represent the ARF's major achievements, directions and initiatives. Further, to foster a better understanding and appreciation of the continuum of ARF work, highlights in each goal area have been divided into three sections: completed activity, initiated activity and continuing activity.

The process of selecting which of the ARF's many programs to include in this report and which to leave out was not an easy one. Each initiative contributes to the Foundation's overall mission. Each represents a significant effort to generate better understanding, develop better treatment models, encourage more effective prevention and create broader public awareness of alcohol and drug issues.

Nevertheless, the highlights presented on the following pages demonstrate that 1987–88 was an active and highly productive year for the Foundation; one that will continue to pay dividends to the people of Ontario for years to come.

ARF Organization Structure
(as of March 31, 1988)



The goal: to develop a better understanding of the hazardous use of alcohol, tobacco and other drugs, and the damage caused by such use.

Research is the Foundation's middle name, and not by accident. Scientific inquiry is one of our most important activities. The questions are basic: who uses alcohol and drugs, what are the patterns of use, what are the problems caused by this use, what are the causes of hazardous use? The answers are hard to come by. Research requires years of effort and exploration. It takes teams of dedicated scientists to collect and analyse masses of data.

In short, the ARF generates knowledge. More often than not, the answers to one line of investigation open up more questions in new areas. These, in turn, generate new knowledge and improved approaches for dealing with alcohol and drug abuse and the human suffering and financial burden they cause.

1987-88 Activity Highlights

Student drug and alcohol study

Adult drug and alcohol study

Addiction model developed

Alcohol and car accidents study

Seniors drug and alcohol study

Families and drinking patterns study

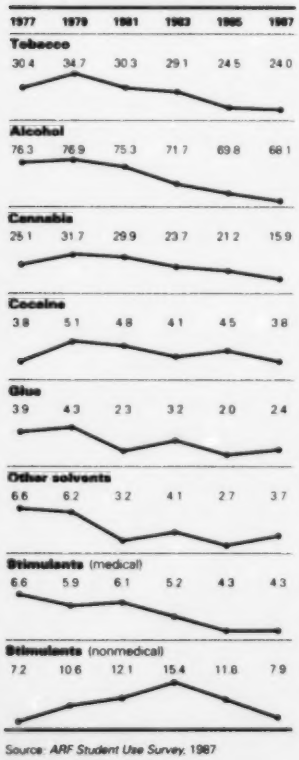
Cigarette withdrawal study

Knowledge is little;
to know the right context is much;
to know the right spot is everything.

— Hugo Von Hofmannsthal

Completed

Alcohol and other drug use among students in grades 7 and 8



Source: *ARF Student Use Survey*, 1987

Student survey

The ARF has compiled 10 years of trend data in an ongoing study of student use of alcohol and other drugs. The latest research, released in 1987, surveyed more than 4,200 students in Grades 7–13 in 170 schools across Ontario.

Trends in student use of cannabis, stimulants and barbiturates are generally encouraging, with decreases in all three areas since 1985. Cannabis use appears to have fallen off most sharply, from 21.2 percent to 15.9 per cent over the period.

Also significant is the finding that cocaine use has remained stable at about 4 per cent since 1977, and about 1 per cent of all students had used crack, a potent form of cocaine, within the past 12 months.

Trends are less encouraging in student alcohol and tobacco use, remaining at the same high levels as in 1985.

Over two-thirds of all students reported drinking alcohol at least once in the past 12 months, and about one-third of these drank at least once a week. Most disconcerting is the finding that 40 per cent of 12- and 13-year-olds say they have used alcohol in the last 12 months. For the first time, students were asked about their use of low-alcohol beverages. Although almost 40 per cent had tried them in the past year, only 3.2 per cent drank them at least once a week.

About one-quarter of all students say they are regular tobacco smokers, virtually the same proportion as in 1985. For the first time, student use of smokeless tobacco (snuff, chewing tobacco) was surveyed, and 1.6 per cent reported using it in the last 12 months.

The survey also points out certain regional disparities. In Northern Ontario, for example, student use of glue and solvents has increased significantly from 1.6 per cent in 1985 to 3.1 per cent in 1987.

Overall, recent findings offer some encouragement. Nevertheless, the challenge of reaching the large number of students who still use alcohol, tobacco and other drugs remains.

Adult drug and alcohol study

ARF also released the results of a survey of adults in 1987. This survey presents estimates of alcohol and other drug use by Ontario adults aged 18 years and over. It also shows trends since 1977. While some changes have occurred in cocaine and cannabis use, alcohol use remains at the same high levels.

The percentage of adults who reported using cocaine at least once in their lives increased from 3.3 in 1984 to 6.1 in 1987. However, the percentage reporting use within the past year remains virtually unchanged since 1985. A new question in this survey asked about the use of crack, a form of cocaine. Only 0.7 per cent reported using it during the last 12 months.

Males aged 18-29 have traditionally been the largest group of cannabis users. The percentage of this group reporting cannabis use in the last year declined significantly, from 28.5 in 1985 to 20 in 1987. However, the percentage of males aged 30-44 reporting cannabis use in the last year increased. This may show that those who started smoking marijuana in the 1960s have continued using it.

Adult use of alcohol seems to have stabilized. Eighteen per cent report drinking two to five times per week, compared to 16 per cent ten years ago. But binge drinking (five or more drinks at one sitting) has increased in adults aged 18-29, especially Northern Ontario men and those with postsecondary educations.

Trends in the adult survey, like those in the student survey, are cause for cautious optimism.

Addiction model developed

The ARF has developed a working model to show how and why people are motivated to give up addictive behaviours. The model will enable investigators to compare the physical and biological motivations of addicted and non-addicted drug users. Funded by grants from the Medical Research Council, the Natural Sciences and Engineering Council and the University of Toronto, the research will expedite development of new programs to counter addictive behaviour.

Science always distrusts pure reason and demands the production of objective fact.

— H.L. Mencken

Initiated

Alcohol and car accidents
The ARF and Sunnybrook Medical Centre have embarked on a study to determine how alcohol use affects injuries from car accidents. The study will examine how alcohol can make injuries more severe and how it can reduce the speed of recovery. It will also investigate and compare the social and psychological features of accident victims, especially convicted drinking drivers and drivers with bad driving records. A follow-up study will track the recovery and recidivism of injured drivers. Information from this research, funded by Transport Canada and the National Institute for Alcohol Abuse and Alcoholism, will be used to identify high-risk drivers and improve care and treatment of accident victims.

Survey of seniors
The ARF has initiated a study to examine the nature and scope of the use of alcohol and other drugs by older adults.

The study addresses the prevalence and patterns of alcohol and drug use among 349 people aged 60 or over living in apartment buildings for seniors in Metropolitan Toronto. The physical and psychological health of seniors was also considered. Preliminary results indicate that alcohol and sleeping pills are the most commonly used psychoactive substances.

When evaluated in conjunction with ARF's 1987 study on adult alcohol and drug use, the results of the seniors survey will enable the ARF to plan prevention and intervention programs to meet the current needs of older Ontarians and develop goals and strategies for the future.

Families and drinking patterns
The ARF has initiated research to determine whether people change their drinking patterns after separation or divorce: to what extent people turn to alcohol as a result of a change in marital status and to what extent those who leave marriages already have a drinking problem.

The ARF will survey a sample of married and separated men and women aged 30-45 about their drinking patterns during their marriages and after separation or divorce. Analysis of their responses is expected to be completed by April 1989.

Cigarette withdrawal and concentration
Newly initiated research is examining how nicotine withdrawal affects concentration. Although it is already known that nicotine withdrawal is associated with impaired concentration, the study is examining three possible implications of that knowledge: whether nicotine withdrawal is a factor in impaired driving performance resulting in traffic accidents; whether difficulty in concentration and its effect on work performance — which may persist for ten days after quitting — cause people to start smoking again; and whether there are similarities between impaired concentration from nicotine withdrawal and withdrawal from other drugs.

The results of this research will help improve programs to help people quit smoking.

Continuing

ARF scientists continue to investigate issues and problems in the alcohol and drug field. In 1987–88, ARF staff were involved in a wide range of social and biological inquiries targeted to priority issues.

Social research helps shape the direction of prevention and health promotion efforts within the ARF and, through policy makers and addictions workers at both provincial and national levels, in society at large. Social research focuses on three areas:

In order to better understand the impacts of alcohol and other drug abuse on society as a whole, the ARF is investigating the economic burden on society created by excessive use of these substances.

In order to assess specific impacts of alcohol and other drug use on various groups within society, Foundation researchers are conducting studies on seniors, the unemployed, single-parent families, separated and divorced people and battered women, among others.

Finally, in order to provide information to social policy makers, the ARF is studying the effectiveness of Canada's existing alcohol and drug control measures, and examining, among other issues, the efficacy of four specific legal controls for deterring drinking and driving.

Biological research provides insight and direction for treatment programs. ARF's biological research is directed towards finding ways to prevent or counteract problems caused by alcohol and other drugs. Foundation scientists are examining, for example, whether people are motivated to continue using drugs because they fear the punishing effects of withdrawal. Research is continuing on the toxicity of certain psychoactive drugs. Scientists are also studying drugs used for pain (analgesics) and anxiety (anxiolytics) to determine their addictiveness and potential for abuse.

Because of the potential impact of ARF research on individuals and institutions far beyond the Foundation's walls, sharing research results is a high priority. Last year, ARF scientists authored 200 publications and spent thousands of hours in consultations and presentations to professionals and others in Ontario and across North America. Through *The Journal* and *Ontario Report*, its monthly publications, the Foundation was able to keep those in the field up to date on the latest developments. Through the School for Addiction Studies, extensive training programs were made available to thousands.

In short, ARF's pursuit of knowledge is relentless, and sharing its hard-won knowledge is an ongoing process. Through these efforts, the Foundation provides support to the many individuals and organizations working to alleviate the pain and suffering caused by drug and alcohol abuse, world-wide.

Because of the potential impact of ARF research on individuals and institutions far beyond the Foundation's walls, sharing research results is a high priority.

The goal: to develop better services for identification, treatment and rehabilitation, and to make them available to individuals and families in Ontario.

The Foundation is in the business of developing models for treatment and rehabilitation. We develop programs, methodologies and tools to help health and social professionals better identify, treat and rehabilitate Ontarians suffering from alcohol and other drug-related problems.

We determine the special needs of priority groups, including adolescents, young adults, seniors, family members and women. We develop behavioural and medical approaches for diagnosis and assessment of drug-related disorders. And we develop programs that address both social and biomedical needs, including programs for drug and alcohol withdrawal and treatments for liver disease and brain damage.

We test all these approaches by providing high quality direct services in a limited number of treatment programs. Finally, once they are proven, we make these programs, methodologies and tools available to treatment and rehabilitation specialists, world-wide.

1987-88 Activity Highlights

Breakthrough in treating alcoholic liver disease

Studies in treatment services for the aged

Native workshops

Youth Clinic

Treatment services projection model

Community-based treatment project

New courses

Conservatism is based on the idea that if you leave things alone you leave them as they are. But you do not. If you leave a thing alone you leave it to a torrent of change.

— G.K. Chesterton

Completed

Nineteen eighty-seven marked an astonishing breakthrough at the ARF in drug treatment for alcoholic liver disease, for which no effective treatment had been known.

PTU breakthrough

Nineteen eighty-seven marked an astonishing breakthrough at the ARF in drug treatment for alcoholic liver disease, for which no effective treatment had been known. Research that began more than 15 years ago has shown that PTU (propylthiouracil) reduced death from alcoholic liver disease by 50 to 60 per cent. PTU had originally been used as a treatment for overactive thyroid glands, but ARF researchers in the biochemical and gastroenterology programs discovered that PTU also seemed to protect the liver from harmful effects of excessive alcohol consumption.

Starting with studies on rats in 1972, the research showed that excessive oxygen is needed to metabolize alcohol, leaving some areas of the liver with an oxygen deficiency. The same process, the ARF team found, occurs in humans. A shortage of oxygen in the liver damages the organ. PTU, however, normalizes this deficiency by decreasing the demand for oxygen in the liver.

The rat studies led to a seven-year examination of the drug's efficacy in humans. The results were observed in 310 nonhospitalized patients over the period.

ARF scientists, in collaboration with those at other Toronto hospitals, are continuing to examine PTU, its use, dosage and treatment methodology. Seminars are being conducted for professionals in the alcoholism field to acquaint them with the new application for PTU.

The importance of PTU cannot be over-emphasized. Each year, between 100,000 to 200,000 people around the world die from alcoholic liver disease. PTU could save as many as half these lives.

Special services for seniors

ARF's Studies in Treatment Services for the Aged is designed to address the special needs of older people with alcohol and drug problems. As a result of this research the Community Older Persons Alcohol (COPA) project was established at Toronto's Queen Elizabeth Hospital. Funded by the Ministry of Health, COPA will compile data and provide assessment, referral and outreach support counselling to elderly substance abusers. COPA will also help the ARF develop programs for this growing population.

"Nesito Tatita" native workshop

In March 1988, the ARF and Ojibway Tribal Family Services cosponsored a workshop in Kenora for native Ontarians. The three-day workshop was attended by representatives from four native treatment centres currently being developed in Northwestern Ontario and by representatives from existing native treatment centres in Ontario, Manitoba and the United States.

The workshop, entitled "Nesito Tatita" — meaning "Let's Understand Each Other" — had three objectives: to discuss the progress of the new Ontario treatment centres (each in a different stage of development); to give participants a better understanding of addiction treatments for native peoples; and to encourage the exchange of ideas, concerns and information about native treatment services.

The ARF continues to be concerned with the alcohol and drug problems of native communities, and in 1987, it established the Office of Native Services. The office represents a "special door" through which native communities can access ARF services sensitive to native concerns and differences. Designed as a resource to help empower native Ontarians to help themselves, the new office will provide nondiscriminatory services consistent with self-reliance and self-determination.

He that will not apply new remedies
must expect new evils;
for time is the greatest innovator.

— Francis Bacon

Initiated

Updating the Youth Clinic

Since 1985, young people under the age of 25 have been helped to understand and overcome their alcohol and drug problems by participating in the Youth Clinic. In 1987–88, the clinic expanded its existing outpatients and day treatment programs to include an after-school group for teenagers, an evening group for young adults and a program that gives support to parents of children with alcohol and drug problems.

The client groups have 15 members each, and meet once a week. Patients learn to monitor their own drug use and plan leisure activities that promote healthy lifestyles.

The parents' program offers support to those whose children have alcohol or drug abuse problems. It meets once a month and allows parents to share concerns and receive advice. Since its inception, 68 parents have participated in these support groups.

Projection model

At a time of escalating health care costs, the Government of Ontario must continue to seek cost-effective ways to plan and develop alcohol and drug treatment services. This requires a clear understanding of how many people require services and what types of services they need.

In collaboration with the Ministry of Health, the ARF has designed a planning model to enhance this capability. Based on county-by-county sales statistics on beer, wine and liquor, the model allows planners to determine how many drinkers in a given area are likely to require specialized treatment as a result of alcohol abuse. This planning tool will help District Health Councils and the Ministry of Health make informed decisions about treatment needs, service gaps and the number, location and capacity of services needed throughout the province.

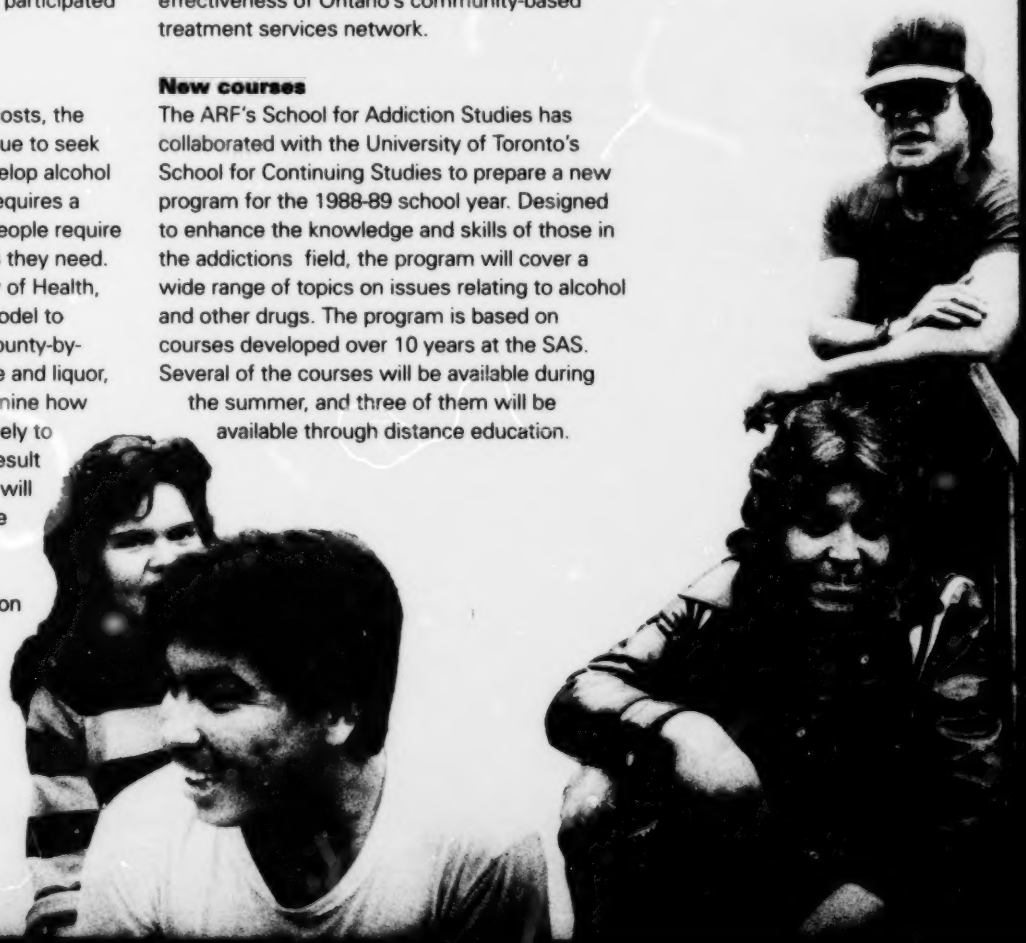
Service utilization project comes on stream

Ten years ago, ARF's Task Force Report on Treatment called for more emphasis on community-based services in the development of an alcohol treatment system in Ontario. The Task Force concluded that although hospital-based treatments were usually more expensive, they were generally no more effective than community-based services. Since then, the Ministry of Health has dramatically expanded Ontario's network of community-based treatment services.

Now a new ARF project is examining changes in the use of services under this community-based expansion. The objective is to determine if community-based treatment merely adds to, or substitutes for, hospital treatment. The results will assist policy makers in determining the cost-effectiveness of Ontario's community-based treatment services network.

New courses

The ARF's School for Addiction Studies has collaborated with the University of Toronto's School for Continuing Studies to prepare a new program for the 1988-89 school year. Designed to enhance the knowledge and skills of those in the addictions field, the program will cover a wide range of topics on issues relating to alcohol and other drugs. The program is based on courses developed over 10 years at the SAS. Several of the courses will be available during the summer, and three of them will be available through distance education.



Continuing

The ARF's ongoing work in designing treatment programs and methodologies is carried out by the Clinical Institute, through research, demonstration and education. These programs are then diffused to Ontario communities by the ARF's Community Services Division.

The Clinical Institute is more than just a hospital for the treatment of alcohol and drug abuse. It is the "laboratory" in which experimental treatments are developed and tested. The Institute creates leading edge drug and alcohol treatment models and actively promotes them in the community. In support of this activity in 1987-88, it made over 300 presentations to health care professionals and dozens of presentations to the public; it spent more than 2,500 hours in consultations with hospitals, schools, government departments and community groups; and it involved over 100 university and community college students as part of their formal studies.

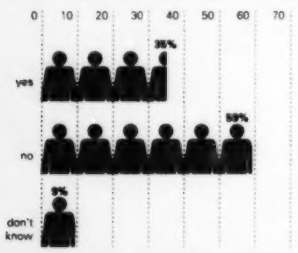
The ARF is also creating tools for health care professionals to assess and evaluate the alcohol and drug use of their clients. One such instrument, the Computerized Lifestyle Assessment Questionnaire, will enable physicians and health teams to identify drug or alcohol abusers more quickly and refer them for treatment.

Another program, the Youth and Drugs project, sponsored with the Hospital for Sick Children in Toronto, will help health workers more readily identify drug dependent young people so that they may be helped more quickly and more effectively.

A further target of treatment services is business and industry. The ARF is focusing on Employee Assistance Programs throughout the province. EAPs are policies, procedures and services to help workers and employers with their health problems. The Foundation's 35 EAP consultants provide support to EAP councils, consortia and other groups. As a result of their ongoing efforts over the years, approximately 1,000 organizations have been mobilized to set up employee assistance programs.

In the past year the ARF has been refocusing its workforce programs to further improve their effectiveness.

Prevalence of Employee Assistance Programs: over one-third of employees in Ontario have access to EAP



Source: *Ontario Drug Awareness Survey*, 1987

The goal: to develop better prevention programs and services, and to make them available to people in Ontario.

Virtually all sectors of the province have a role to play in helping to reduce the number of people afflicted with alcohol and other drug-related problems. In recognition of this role, the Foundation commits significant human and financial resources to the development of prevention programs designed for use by Ontario's community service systems, the education system, judicial services and the workplace.

ARF has direct relationships with over 20,000 health and social service workers, law enforcement agencies and other community representatives. Our extensive activities include working with educators to create school and university programs; working with community groups to develop innovative programs, projects and events; and working with business to develop health promotion programs in the workplace.

The efforts of the Foundation and its partners in prevention are clearly making a difference now. More important, they are the key to making a continuing difference in the future.

1987-88 Activity Highlights

Schools program and guide

Municipal policy models

CJRT radio broadcasts

New publication for Ontario

University health services study

Children of Alcoholics workshops

Expanded ARF awards program

Arts and sciences are not cast in a mould, but are formed and perfected by degrees, by often handling and polishing.

— Michel de Montaigne

Completed

In 1987, the municipal government of Elliott Lake approved a policy designed to manage alcohol use in municipal parks and recreation facilities.

Program a new direction for ARF

In 1987, the Foundation released *Alcohol and Drug Policies: A Guide for School Boards* to help educators deal with drug and alcohol abuse in schools. This comprehensive guide was unveiled at a conference sponsored by ARF and the Ontario Council for Leadership in Educational Administration (OCLEA).

There are three steps in the approach to prevent alcohol and other drug abuse: education programs for students from kindergarten through grade 13, early intervention to identify and respond to students' problems with alcohol and drugs and disciplinary action for students who use alcohol and other drugs at school.

The approach was developed to promote "no-risk" and "low-risk" health practices. The guidelines encourage no use of tobacco. They urge no use of alcohol before age 19. They call for no or low-risk use of alcohol after age 19. They recommend no use of inhalants or illicit drugs. They promote prescription drug use only as ordered by a physician.

The guide, which also clarifies the legal position of educators confronted with drug problems in their schools, is the cornerstone of ARF's soon-to-be-implemented Ontario Schools Program.

The province-wide Ontario Schools Program is ARF's most concerned and consolidated effort in schools to date. Beginning in 1988–89, the program will provide consulting services, training opportunities, access to quality teaching resources and other supports to help educators achieve a drug-free school system by the year 2000.

New policy for Elliott Lake

In 1987, the municipal government of Elliott Lake approved a policy designed to manage alcohol use in town parks and recreation facilities. As a result, Elliott Lakers now know where people may and may not use alcohol, and they can enjoy their public facilities without fear of alcohol-related incidents.

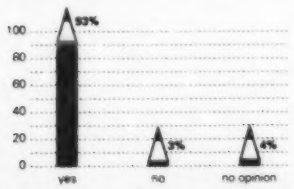
Similar policies have been developed in Thunder Bay and Sault Ste. Marie. Assisting in the development such policies is part of ARF's continuing commitment to help communities address alcohol and other drug use problems at the local level.

CJRT

"Drugs and You," a four-part series of phone-in programs about addiction, was broadcast across Ontario on CJRT radio. A joint project of ARF's School for Addiction Studies and CJRT's Open College, the series gave listeners the chance to learn about alcohol and drugs and discuss their questions with ARF experts. The series — the second such collaboration with CJRT — examined smoking, the impact of addiction on families, prescription drug abuse and teenage drug use.

Through this type of interactive broadcasting, the Foundation can extend its influence and increase the potential for community involvement by educating the public about alcohol and drug use.

Need for drug and alcohol education programs in all schools: students and parents alike endorse drug and alcohol education programs



Source: *Ontario Drug Awareness Survey, 1987*

I know why there are so many people who love chopping wood. In this activity one immediately sees results.

— Albert Einstein

Initiated

ARF's new publication for Ontario

In June 1987, the ARF launched *Ontario Report*, a new publication that highlights developments in the alcohol and drug addiction field. *Ontario Report* provides a window on the latest advances in research, treatment, prevention, education and health promotion. Most important, it gives readers the information they need to make informed decisions and play a more effective role in addressing alcohol and drug problems. Published monthly, *Ontario Report* reaches a wide range of professionals, media and MPPs. It is also available through ARF's 30 regional offices.

University study

The ARF is researching the nature and extent of drug and alcohol use in Ontario's universities. Data collected from almost 5,000 students in four Ontario universities are currently being analysed. The survey will provide information on how, and if, students' behaviour changes as they progress through university. The relationships between alcohol and other drug use and such factors as gender, family background and academic performance will also be examined. Results will help define future programming requirements for student health care services on campus.

Children of Alcoholics

ARF training workshops are helping Ontarians across the province address the needs of a special group — children of alcoholics (CoAs).

Children raised by alcoholic or drug-dependent parents are at special risk. They are prone to physical and psychological problems, and a disproportionate number become abusers themselves. Children born to alcoholic mothers are at highest risk of developing foetal alcohol syndrome. Current research also suggests risks of stress-related medical problems. Because of trauma, guilt, anger and perceptions of helplessness, CoAs may develop learning disabilities, anxiety, suicidal tendencies, eating disorders, or compulsive achieving.

Developed with the Canadian Association for Children of Alcoholics, these workshops are training teachers, physicians, social and child-care workers to recognize behaviours in children that may indicate an alcohol abuse problem in the family. Participants learn how to approach children, arrange counselling and treatment and help them access community resources for ongoing support. The aim is to cut the cycle of alcohol abuse passed from parent to child.

ARF awards

ARF's awards program recognizes significant achievements of individuals and organizations in the alcohol and other drugs field. This year the program has expanded to include two categories: local achievement and province-wide achievement. In 1987, 21 people received the Regional Award of Community Achievement for local leadership in alcohol and drug prevention, education and treatment. In addition, for their extraordinary leadership Ontario-wide, three recipients were honoured with Provincial Awards of Distinction. They are:

- ***John Bates,*** President of PRIDE, for his efforts to prevent impaired driving;
- ***Air Canada,*** for its leadership in providing a smoke-free environment to the travelling public;
- ***Major Austin Miller,*** of the Salvation Army, for his work in community programming and his volunteer leadership at the national level.

Continuing

The ARF has arranged for Server Intervention Program training on campuses and through organizations such as the Ontario Hotel and Motel Association.

The ARF maintains a working relationship with a number of sectors in Ontario, including education, judicial, health and human services, and business and industry. Through its network of community offices, the ARF is collaborating on hundreds of prevention programs and activities with these sectors. The focus is on three issues: community development, youth programming and policy.

At the community level, the Foundation supports a wide range of activities. One example, Drug Awareness Week, is an annual nation-wide event. As in the past, the ARF provided support and leadership to the provincial committee responsible for planning Drug Awareness Week in Ontario. Highlights of the week in 1987 included two drunk-driving mock trials in Peel region high schools and challenges on university and college campuses to stop drinking and smoking.

The ARF's community consultants also work with local committees to plan and execute a range of awareness activities in Ontario's schools. One such project, DAPPER (Drug Abuse Prevention Project: An Education Resource), focuses on increasing awareness of alcohol and other drug problems in students from junior kindergarten through grade 13. DAPPER includes a curriculum guide and other resources for teachers to help them provide factual and relevant classroom activities. This four-year program is now in its final year.

In postsecondary education, ARF has introduced the concept of alcohol policies for universities. A program called CAPE broke new ground and is leading to the development of a new initiative for Ontario's universities.

In business and industry the ARF is playing a leading role by developing health promotion components for employee assistance programs. The Foundation is also collaborating with Health and Welfare Canada on a pilot study of health problems in the workplace. Results so far are encouraging.

Policy has long been considered a public sector issue. Municipal alcohol policy continues to be of particular interest to the ARF. In recent years, it has increased its focus on the policies of licenced establishments serving alcohol. Through its innovative and legally sound Server Intervention Program (SIP), the ARF provides training and information so that people who serve alcohol can better understand and deal with potential alcohol problems in their patrons. In 1987-88, over 2,000 members of the hospitality industry participated in the program, and there are plans to expand it even further over the next few years. The ARF has arranged for SIP training on campuses and through organizations such as the Ontario Hotel and Motel Association.

Structural changes at the ARF will ensure an even higher degree of programming success in the years ahead. The newly created Office of Inter-Organizational Affairs will enhance communication and cooperation between ARF and both the provincial and federal governments. A new division, the Prevention and Health Promotion Division, will enhance the development of prevention programs at the provincial level.

The goal: to increase public awareness and knowledge about alcohol and drug problems, and to motivate the public and policymakers to take appropriate action.

The Foundation's mission is to help reduce the pain, suffering and lost human potential caused by alcohol and other drug abuse. We firmly believe that success is possible, but only with the active involvement of people at all levels of society and in all walks of life. To achieve positive change, the people of Ontario must hold the right ideas, develop the right attitudes and make the right choices.

Among the Foundation's most significant challenges, therefore, are to make Ontarians more aware and better informed about alcohol and drug problems; to help them develop healthy personal and family lifestyles; and to encourage broad public support for government policies aimed at addressing drug and alcohol abuse.

The Foundation's many promotional materials and programs have an outstanding reputation with professionals and the public alike. They are used throughout the province and the rest of the world. We are committed to helping foster positive social change through the ongoing creation and distribution of sound, factual and understandable public information.

1987-88 Activity Highlights

Ontario Drug Awareness Survey

Cocaine workshop

AIDS initiatives

Alcohol and nicotine symposium

National Drug Strategy

Drug and alcohol telephone information line

Movie theatre awareness campaign

In completing one discovery we never fail to get an imperfect knowledge of others of which we could have no idea before, so that we cannot solve one doubt without creating several new ones.

— Joseph Priestly

Completed

Drug awareness survey

The Ontario Drug Awareness Survey is a study of public attitudes towards alcohol and drug issues. The first ARF undertaking of its kind, it provides a snapshot of the concerns, knowledge and perceptions of Ontarians about drug- and alcohol-related problems and the requirements for their solution.

According to the survey, people in this province are deeply concerned about reducing drinking and driving. They are worried about the use of cocaine, crack and other illicit drugs. They seem less worried about the use of alcohol, tobacco, prescription and over-the-counter drugs, although they believe that abuse of over-the-counter and prescription drugs is becoming more of a problem.

Of particular concern is the indication that public perceptions appear to be driven more by media reportage than by the facts. According to other ARF studies, such as those on Student and Adult Drug Use, alcohol, cannabis and tobacco are the drugs most misused in our society. Yet the public is more worried about crack, cocaine and other drugs that receive substantial media coverage.

The Ontario Drug Awareness Survey will assist the ARF in identifying public priorities and societal needs. It will also help the Foundation address public misconceptions.

Need for more information about alcohol and drug abuse: most people feel they would need more information to cope with alcohol and drug problems

Source: *Ontario Drug Awareness Survey*, 1987

Cocaine workshop

The hows and whys of cocaine abuse were explored at a two-day workshop held in Toronto's downtown Holiday Inn. The workshop was attended by a wide range of professionals, guidance counsellors, law enforcement officers, social workers and addiction counsellors. Ten experts discussed various clinical issues relating to cocaine abuse and current treatment approaches.

Through workshops such as this, ARF continues to bring current knowledge to those who need it, fulfilling its goal of improving public and professional awareness.

ARF joins the battle against AIDS

Acquired Immune Deficiency Syndrome (AIDS) has emerged as a major health problem throughout the world. Of particular concern is the potential for transmitting the virus during intravenous drug use. Projections now indicate that, in the long run, drug users may pose the most serious threat in spreading the disease.

ARF has become actively involved in the fight against the spread of this lethal disease. During the past year, the Foundation cosponsored with the City of Toronto Public Health Unit a public forum on drug use and AIDS to examine the medical, legal and human rights implications of this issue. ARF also consults with the Federal Centre for AIDS, is actively involved with the Toronto Injection Drug Use Community Network and has launched three interrelated studies on AIDS infection in injection drug users.

Alcohol and nicotine symposium

A symposium was held at the ARF for researchers in alcohol and nicotine addiction. Its objective was to bridge the scientific gap between these related disciplines.

Research has shown that most severe alcoholics are also heavy smokers, and that the amount they smoke rises as their alcohol intake increases. There are also indications that the addictions may be interactive in their effects. Oral cancer, for example, occurs most often in heavy users of both cigarettes and alcohol.

The symposium considered these findings and others in an effort to increase information exchange between both fields of research.

The test will be less the effectiveness of our material investment than the effectiveness of our investment in people.

— J.K. Galbraith

Initiated

National Drug Strategy

The National Drug Strategy, announced in 1987, unites Canada's provinces, territories and the federal government in a five-year commitment to a coordinated, nation-wide effort to prevent, control and treat problems associated with alcohol and other drugs. ARF is Ontario's principal collaborator in the strategy.

A major element of the strategy is the promotion of public awareness and education. Aimed at young people and their parents, the goal is to foster preventive behaviours. ARF helped create the strategy, define the target audiences and establish the tactics for the first two of these public awareness campaigns, "Really Me" and "Play It Smart," launched in 1987.

"Really Me," aimed at pre-teens, aged 11–13, and their parents, is designed to reinforce positive behaviour and discourage drug use. The multi-media advertising campaign and the "Really Me" booklet encourage parents and children to seek accurate information about drug abuse and to talk openly about the issues. So far, 80,000 booklets have been distributed in Ontario alone. Advertising has appeared on television, in bus shelters and at subway stations.

"Play It Smart", aimed at teenagers, aged 13–18, focuses on drinking and driving. Publicized through multimedia advertising, including transit ads, "Play It Smart" was planned to coincide with holidays and school breaks — high-risk periods for drinking and driving.

ARF's signature appears along with Health and Welfare Canada on all National Drug Strategy materials.

Drug and Alcohol Information Line

ARF has expanded its public telephone information program to better meet public needs. The program's new name, replacing "Dial-a-Fact," is a more accurate reflection of the nature of the telephone service and plans for its future enhancements.

ARF's information line offers over 60 taped messages, in English and French, on a variety of drug and alcohol topics. The service is free of charge through a local number in Toronto and a toll-free number in the rest of Ontario. Taped messages are available from 9 a.m. to 9 p.m., seven days a week (except holidays).

New computer technology makes public access easier and will accommodate future service enhancements to the information line. In the near future, for example, callers will be able to order the "Really Me" booklet, access other ARF public services and learn where to find treatment services in their communities.

To promote awareness of the information line, ARF has created a new public information campaign, including transit advertising, display materials for Liquor Control Board and Brewers' Retail outlets and materials for schools.

ARF at the movies

Movie audiences in five Northern Ontario towns where alcohol consumption is 30 per cent higher than the national average were presented with a five-minute animated short called *Moderation At All Times?* This ARF film focuses on the social problems, consequences and unacceptability of alcohol abuse.

Audience surveys were favourable, revealing the potential for a new way to reach people about the problems of alcohol and other drug use through public service messages in movie theatres.

Continuing

The ARF continues to be a leading source of information to the public, as well, providing books, pamphlets, video tapes and other materials on a wide variety of topics.

ARF programs to promote public awareness and knowledge have become strategically and structurally linked to its prevention programming through the new Prevention and Health Promotion Division. Awareness programs are designed to foster healthy public attitudes. Information helps policymakers and the public understand the issues and take appropriate action.

The ARF maintains an ongoing program — the Statistical Information Service — to compile and make information available to government and nongovernment organizations. In the past year, it responded to requests from over 500 organizations.

Through its Corporate Communications Office, the Foundation provides information on a broad range of subjects, ensuring accessibility of important knowledge on alcohol and drugs. Throughout the year, ARF expertise is called upon hundreds of times, and the number of ARF citations in the media indicates its high level of credibility as a source of accurate information.

The ARF continues to be a leading source of information to the public, as well, providing books, pamphlets, video tapes and other materials on a wide variety of topics. Eighty per cent of these materials are available in both English and French. Some are available in other languages, as well.

In 1987–88, the ARF distributed over 24,000 books, 3,600 audio-visual programs, 1.8 million pamphlets, and half a million buttons, posters and other items across the province of Ontario.

Economy, Efficiency, Effectiveness

The programs and activities of the Addiction Research Foundation over the past year address an ambitious agenda for social change.

To ensure that the people of Ontario receive value for their investment in the ARF, the management and Board of the Foundation are dedicated to the principle of public accountability. Both the operating structure and the management systems employed by the Foundation are directed towards achieving maximum economy, efficiency and effectiveness.

As an agency of the Province of Ontario, the Foundation is directly accountable to the Ministry of Health and to the Ontario Legislature for the economy, efficiency and effectiveness with which it conducts its many and varied activities.

In 1987–88, the Foundation's expenditures totalled $34.6 million. The Foundation employed over 700 people in 1987-88, working in 35 offices throughout the province.

Economy and efficiency

The Chairman and the members of the Foundation are appointed to govern the work of the ARF. Together with the President, they form the ARF's Board of Directors. The Board holds responsibility for reviewing and approving the Foundation's annual budget and for monitoring its economic performance. In addition, the Board considers and adopts broad policies, including the goals and objectives of the Foundation. The Board of Directors also represents and interprets the objectives of the Foundation to the people of Ontario.

The full Board meets to conduct its business at least four times a year. In addition, its members are involved in one or more Board Committees, each with its own terms of reference.

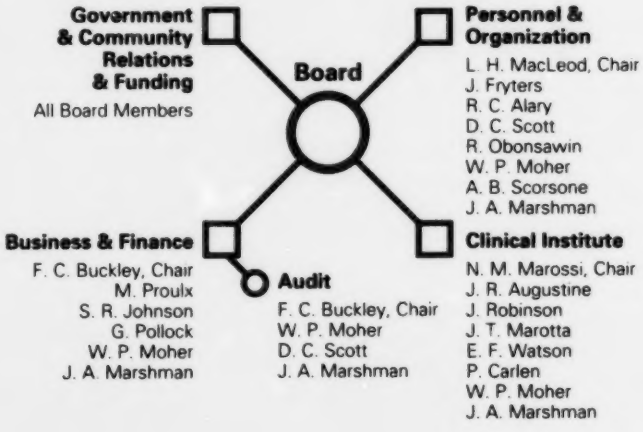
All members sit on the Government and Community Relations Committee, whose primary focus is the formulation of principles, policies and strategies to guide the Foundation's initiatives in government and community relations.

The Business and Finance Committee oversees all the financial affairs of the Foundation. Its major areas of responsibility are determining policies for finance, administration and investment, approving budgets and monitoring financial statements. The Audit Committee, a subcommittee of Business and Finance, provides guidance and direction to the internal audit process and acts as liaison to the provincial auditor.

The Personnel and Organization Committee focuses on the Foundation's personnel policies, salaries and benefits. It also approves major organizational and program changes.

In addition to these committees, the Board is

ARF Board Committee Structure
(as at March 31, 1988)



supported by the Board of the Clinical Institute. This body reviews the operations of the Clinical Institute, considers policy recommendations from the Director of the Institute and recommends policy changes to the Board of the Foundation, recommends on the appointment of medical staff and ensures that the Institute is in compliance with The Public Hospitals Act and other relevant regulations.

The President holds the responsibilities of the Chief Executive Officer of the Foundation. All major corporate programs and services are overseen directly by the President, including the Office of Native Services and the Research Secretariat. In addition, all corporate directors report to the President. These include the directors of the Clinical Institute Division, Social and Biological Studies Division, School for Addiction Studies Division, Prevention and Health Promotion Division, Community Services Division and the Administration, Finance and Support Operations Division. The directors of the Corporate Communications Office, the Office of Inter-Organizational Affairs and Personnel also report to the President. These 10 senior officers constitute the ARF's Executive Committee. Through the Executive Committee, the Foundation is able to ensure the overall coordination of its many and varied programs.

The Foundation's ability to deploy resources with optimal efficiency was greatly improved by the introduction of ARF's new strategic plan in January 1987. The plan provides both a frame of reference and a timetable for ARF's work. Its goals provide focus for the Foundation's programs over the next twenty years in each of its four program areas. Its objectives provide direction for work over the next decade. Tactics for addressing priority issues and populations provide targets for the next three to five years. An exhaustive budget planning process, coupled with quarterly reviews, ensures that the Foundation is on budget and on target with societal needs and government priorities.

Effectiveness

To better assess the ARF's effectiveness in pursuit of its goals, the Foundation has developed a conceptual framework that provides the basis for measuring the ARF's performance.

The best measures of the Foundation's effectiveness lie in its ability to generate results consistent with its mandate, its goals and its objectives. The people of Ontario, through the provincial government, invest considerable funds and faith in the the ability of the Foundation to help control and prevent the problems arising from the inappropriate use of alcohol and other drugs. The return on this investment comes in the form of the ARF's contribution to positive changes in Ontario society.

In some cases, these changes can be estimated in terms of both money and health. In 1977, the Foundation recommended to the Minister of Health the expansion of community-based treatment services. Today, thanks to the provincial government, Ontario has an extensive community-based network providing needed services at far less cost than hospital-based treatment programs. Research confirms that these cost savings have not come at the expense of treatment effectiveness.

The Foundation's breakthrough in the treatment of alcoholic liver disease with PTU is testament to the value of the province's investment in long-term Foundation research. Fifteen years in the making, the development of the PTU treatment method will ultimately help prevent the deaths of thousands of people throughout the province, the nation and the world. While treatment breakthroughs such as PTU are the most dramatic evidence of return for public investment, they are by no means the only ones. Each year Foundation scientists contribute hundreds of significant improvements to the treatment of problems arising from the abuse of alcohol and other drugs.

ARF's new strategic plan provides both a frame of reference and a timetable for ARF's work.

The Foundation's work in prevention and health promotion has contributed to positive changes in drug use patterns in the province. The downward trend in the use of cannabis is particularly noteworthy. Changes in public attitudes and in self-reported behaviour regarding drinking and driving are also worthy of note. And, as a collaborator in Ontario's first spot check program, the Foundation is pleased to see that this form of intervention is so well received by the public.

ARF does not lay exclusive claim to these and other positive changes that have taken place. The Foundation is not the exclusive author of such change; it is, however, an agent of change. The Foundation operates with the belief that its greatest contribution — and ultimately its greatest effectiveness — comes from work with and through institutions and individuals at all levels towards common goals and objectives.

To the Alcoholism and Drug Addiction Research Foundation and to the Minister of Health

I have examined the balance sheet of the Alcoholism and Drug Addiction Research Foundation as at March 31, 1988, and the statement of operations and retained income for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Foundation as at March 31, 1988, and the results of its operations for the year then ended in accordance with the accounting policies described in note 1(a) to the financial statements applied on a basis consistent with that of the preceding year.

J. F. Otterman, F. C. A.,
Assistant Provincial Auditor

Toronto, Ontario
July 22, 1988

Balance Sheet
(as at March 31, 1988)

		1988 ($000s)	1987 ($000s)
Assets			
	Current		
See accompanying notes and schedule to financial statements	Short term notes and deposits, at cost	2,114	2,043
	Marketable securities, at lower of cost and market (market value $1,155,000; 1987 — approximates carrying value)	1,102	515
	Accounts receivable		
	Trade	200	414
	Other	218	80
	Current portion of mortgages receivable	41	20
	Prepaid expenses	191	137
	Inventories	137	107
		4,003	3,316
	Other		
	Trust accounts — term deposits and cash	224	207
	Mortgages receivable	—	110
		224	317
		4,227	**3,633**
Liabilities and Retained Income			
	Current Liabilities		
	Outstanding cheques less cash in bank	596	196
	Accounts payable and accrued liabilities	2,988	2,214
		3,584	2,410
	Fund Balances		
	Detoxication Centre Fund (note 2a)	(5)	7
	Other research funds (note 2b)	193	147
		188	154
	Trust Accounts	224	207
	Retained Income	231	862
		4,227	**3,633**

On behalf of the Foundation:

Wm. P. Moher
Chairman

Frank C. Buckley
Member

Statement of Operations and Retained Income

(for the year ended March 31, 1988)

See accompanying notes and schedule to financial statements

		1988 ($000s)	1987 ($000s)
Income			
	Operating and research grants — Province of Ontario	31,970	30,490
	Publication sales	560	398
	Laboratory tests	366	353
	Cafeterias and vending machines	233	231
	Interest	294	210
	Parking	149	145
	Management fees	52	43
	Rent	46	47
	Donations	16	21
	Other grants	8	221
	Miscellaneous	238	173
		33,932	32,332
Expenditure (Schedule)		34,563	31,536
Excess (deficiency) of income over expenditure before extraordinary item		(631)	796
Proceeds on disposal of property (note 3)		—	108
Excess (deficiency) of income over expenditure after extraordinary item		(631)	904
Retained income (deficit), beginning of year		862	(42)
Retained income, end of year		**231**	**862**

Summary of Expenditure

(for the year ended March 31, 1988)

See accompanying notes to financial statements

		1988 ($000s)	1987 ($000s)
Operating Expenditure			
	Salaries and benefits	24,079	23,344
	Office expenses	1,719	1,360
	Utilities	1,077	994
	Consulting fees	1,871	925
	Supplies	732	696
	Maintenance	595	664
	Grants	591	573
	Publications	501	534
	Rent	480	464
	Books and periodicals	240	218
	Food	249	208
	Other	400	421
		32,534	30,401
Other Expenditure			
	Supplementary program expenses	1,230	355
	Equipment	671	663
	Major renovations	128	117
		2,029	1,135
Total Expenditure		**34,563**	**31,536**

Notes to Financial Statements
March 31, 1988

1. Significant Accounting Policies

(a) Basis of accounting

The Foundation's financial statements have been prepared in accordance with generally accepted accounting principles with the following exceptions:

(i) Fixed assets are expensed in the year of acquisition.

(ii) The cost of publications produced or purchased for distribution is expensed during the year. Accordingly, inventories shown on the balance sheet do not include the value of publications on hand at year end.

(b) Inventories

Inventories of drugs, medical and other supplies are valued at cost, with cost determined on a weighted average basis.

2. Project Funds

The Foundation administers funds received from various private and public organizations. The activities of these funds are as follows:

(a) Detoxication Centre Fund

	1988 ($000s)	1987 ($000s)
Balance, beginning of year	7	—
Grants from Province of Ontario	441	439
	448	439
Less expenses incurred during the year	453	432
Balance, end of year	**(5)**	**7**

(b) Other Research Funds

	1988 ($000s)	1987 ($000s)
Balance, beginning of year	147	169
Funds received during the year	526	518
	673	687
Less expenses incurred during the year	480	540
Balance, end of year	**193**	**147**

3. Extraordinary Item

In October 1986, the Foundation sold a property at 259 Wellington Street in Chatham for $115,000 (net proceeds of $108,100 after commission).

4. Lease Commitments

The Foundation operates 28 community services offices throughout the province. Future minimum lease payments for these premises under operating leases as at March 31, 1988 are:

	($000s)
1989	372
1990	307
1991	256
1992	195
1993 and beyond	75
	1,205

5. Pension Plan

The Foundation provides pension benefits for substantially all its permanent employees through participation in the Public Service Superannuation Fund and the Superannuation Adjustment Fund established by the Province of Ontario. The Foundation's share of contributions to these Funds during the year was $1,096,000, and is included in salaries and benefits in the summary of expenditure schedule.

6. Reserve for Major Repairs and Renovations

The Foundation is authorized by the Ministry of Health to maintain an appropriation of $500,000 of retained income for major repairs and renovations. Such a reserve is not reflected in the financial statements, as the retained income balance was only $231,000 at March 31, 1988.

Although the Foundation receives most of its funding from the Province of Ontario, it does receive additional and welcome support in the form of grants and donations from other sources. The Foundation gratefully acknowledges the following grants, contracts and donations.

Grants and Contracts

- Alcoholic Beverage Medical Research Foundation
  Effects of ethanol on excitable membrane function of cerebellar Purkinje cells in rats
- Attorney General
  Statistical projects — the attitudes and behaviours of young drinking drivers and the severity of sentencing by Ontario courts
- Canadian International Development Agency
  Low-cost model hill tribe — Thailand
- Ciba-Geigy Canada Ltd.
  Oxiracetam in alcohol dementia
- Eli Lily Canada Inc.
  Smoking research
- Health and Welfare Canada
  Toronto General Hospital — Family Practice Service
  Jointly sponsored lifestyle assessment intervention project
- Health and Welfare Canada
  A national study of accidents, poisonings and violence in conjunction with alcohol and other drug consumption in Canada
- Health and Welfare Canada
  Alcohol and drug use and associated problems among the elderly in senior citizens apartments
- Health and Welfare Canada
  Analysis of the elderly and alcohol and drug abuse
- Health and Welfare Canada
  Employee health assistance program
- Health and Welfare Canada
  Responsible service of alcohol
- Merck Sharp & Dohme Ltd.
  Bristol-Myers Co.
  Eli Lily Canada Inc.
  Rhone-Poulenc Pharmaceutical Inc.
  Toronto General Hospital
  Toronto Psychiatric Research Foundation
  Yolande Chamfrault
  Jointly sponsored project on alcohol consumption and withdrawal
- Merrell Dow Pharmaceutical (Canada) Inc.
  Imperial Oil Ltd.
  Jointly sponsored Nicorette project
- Ministry of Health (Mental Health)
  Detox training video — "And The Door Was Opened"
- Ministry of Health (Mental Health)
  Detox drug study — a survey of drug use among admissions to alcohol detoxication centres
- National Institute on Alcohol Abuse and Alcoholism
  MVA victims: alcohol as a factor in injury and recovery
- National Institute on Alcohol Abuse and Alcoholism
  Cost-effective programs for preventing alcohol problems
- National Native Advisory Council on Alcohol and Drug Abuse
  A video on prevention of the use of inhalants
- Ontario Association of Chiefs of Police
  Video package — "The Choice Is Yours"
- Ontario Lung Association
  Countdown — smoking cessation program
- Transport Canada (Department of Transport, Road Safety and Motor Vehicle Regulation Directorate)
  Sunnybrook Medical Centre
  Jointly sponsored psychosocial assessment of trauma victims
- Upjohn Company of Canada
  Dependence liability of Zopiclone, evidence of drug withdrawal
- Whitehead Research Consultants Ltd.
  Native addictions training
- World Health Organization
  Analysis of tar, nicotine and carbon monoxide in cigarette smoke

Donations

- In Memory
  (208 donations)
- Offender Restitution
  (2 donations)
- Work of the Foundation
  (106 donations)

- Central Office
  33 Russell Street
  Toronto M5S 2S1
  (416) 595-6000
- Belleville Centre
  248 Bridge Street East
  Belleville K8N 1P1
  (613) 962-9482
- Chatham/Sarnia Centre
  575 Queen Street
  Chatham N7M 2J7
  (519) 354-1000
- Community Programs
  Evaluation Centre
  c/o University of Western
  Ontario
  London N6A 5B9
  (519) 661-3042
- Cornwall Centre
  132 Second Street East
  Cornwall K6H 5V3
- Durham Centre
  44 Bond Street West, 10th floor
  Oshawa L1G 1A4
  (416) 576-6277
- Eastern Regional Office
  383 Parkdale Avenue, Suite 310
  Ottawa K1Y 4R4
  (613) 728-4104
- Georgian Bay Centre
  100 Bell Farm Road
  Barrie L4M 4Y5
  (705) 726-4976
- Halton Centre
  3425 Harvester Road, Suite 211
  Burlington L7N 3N1
  (416) 632-2436
- Hamilton Centre
  20 Hughson Street South
  Suite 508
  Hamilton L8N 2A1
  (416) 525-1250
- Kenora Centre
  101 Chipman Street
  Kenora P9N 1V7
  (807) 468-6372
- Kingston Centre
  309 Alfred Street
  Kingston K7L 3S4
  (613) 546-4266
- Kitchener Centre
  639 King Street West
  Kitchener N2G 1C7
  (519) 579-1310
- London Centre
  414 Dufferin Avenue
  London N6B 1Z6
  (519) 433-3171
- Metro Toronto Regional Office
  175 College Street
  Toronto M5T 1P8
  (416) 595-6126
- Metro Toronto Region/
  Employee Assistance Program
  175 College Street
  Toronto M5T 1P8
  (416) 595-6028
- Metro Toronto Region/
  Health Promotion Centre
  175 College Street
  Toronto M5T 1P8
  (416) 595-6090
- Niagara Centre
  63 Church Street, Suite 410
  St. Catharines L2R 3C4
  (416) 685-1361
- North Bay Centre
  288 Worthington Street West
  North Bay P1B 3B4
  (705) 472-3850
- Northern Regional Office
  144 Pine Street, Suite 203
  Sudbury P3C 1X3
  (705) 675-1181
- Ottawa/Carleton Centre
  383 Parkdale Avenue, Suite 304
  Ottawa K1Y 4R4
  (613) 722-1075
- Owen Sound Centre
  County Building
  595 Ninth Avenue East
  Owen Sound N4K 3E3
  (519) 371-1861
- Peel Centre
  1270 Central Parkway West
  Suite 302
  Mississauga L5C 4P4
  (416) 270-1431
- Pembroke Centre
  77 Mary Street, Suite 201
  Pembroke K8A 5V4
  (613) 735-1023
- Perth Centre
  45 Drummond Street
  Perth K7H 2J9
  (613) 267-1152
- Peterborough Centre
  223 Aylmer Street North
  Peterborough K9J 3K3
  (705) 748-9830
- Sarnia Centre
  265 North Front Street
  Suite 106E
  Sarnia N7T 5S6
  (519) 337-9611
- Sault Ste. Marie Centre
  464 Albert Street East, Walrus II
  Sault Ste. Marie P6A 2J8
  (705) 256-2226
- Simcoe Centre
  191 Queensway West, Suite 6
  Simcoe N3Y 2M8
  (519) 426-7260
- Sudbury Centre
  144 Pine Street, Suite 203
  Sudbury P3C 1X3
  (705) 675-1195
- Thunder Bay Centre
  West Arthur Place, Suite 104
  1265 Arthur Street East
  Thunder Bay P7C 4X8
  (807) 622-0607
- Timmins Centre
  Pine Plaza, 3rd floor
  119 Pine Street South
  Timmins P4N 2K3
  (705) 267-6419
- Western Regional Office
  20 Hughson Street South
  5th floor
  Hamilton L8N 2A1
  (416) 527-8166
- Windsor Centre
  2090 Wyandotte Street East
  Windsor N8Y 1E6
  (519) 253-1146
- Workplace Health Programs
  Resource Centre
  144 Pine Street, Suite 203
  Sudbury, P3C 1X3
  (705) 675-1195

An index of selected statistics on alcohol and other drugs in Ontario

Estimated number of alcoholics in Ontario in 1950 : 48,000

In 1986 : 200,000

Mortality rate of drinkers compared to that of the general population : 2 to 1

Suicide rate of heavy drinkers compared to that of the general population : 6 to 1

Percentage of adult drinkers aged 18–29 who report binge drinking (five or more drinks at one sitting): 71

Percentage of all jail sentences in Ontario in 1982 that were for drinking and driving : 12

Legal drinking age in Ontario : 19

Age of drivers who had the highest rate of motor vehicle accidents in Ontario in 1986 : 19

Percentage of students in 1977 who had used cannabis in the previous year : 25.1

In 1987 : 15.9

Percentage of Metropolitan Toronto adults in 1987 who report using sleeping pills in the previous year : 6.1

Percentage of Northern Ontario adults : 13.5

Percentage of Metropolitan Toronto adults in 1987 who report using cocaine in their lifetime : 11.0

Percentage of Northern Ontario adults : 0.9

Percentage of adult males in Ontario in 1987 who used tranquillizers in the previous year : 3.5

Percentage of adult females : 9.6

Number of drug-related criminal offences in Ontario in 1986 : 18,378

Percentage involving cannabis : 76.7

Percentage involving cocaine : 8.5

Total number of cocaine-related juvenile delinquencies in Ontario in 1983 : 14

Percentage of Ontarians who believe education is the most effective program for curbing drug and alcohol abuse : 42

Who believe stricter laws and enforcement is the most effective : 21

Best available estimate of economic burden of drug and alcohol abuse problems in Ontario in 1984 : $7–8 billion

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Sources. Alcohol and Other Drug Use among Ontario Adults, 1977–1987, 1987; ARF Student Use Survey, 1987; Ontario Drug Awareness Survey, 1987; Statistics on Alcohol and Other Drug Use in Canada and Other Countries, Volume II — Statistics on Drugs, 1988.